


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90031 016 \*\*\*150.00

DOCUMENT # 819689		
1. Entity Name MTL INSURANCE COMPANY		

Principal Place of Business 1200 JORIE BLVD. OAK BROOK, IL 60522-9060	Mailing Address 1200 JORIE BLVD. OAK BROOK, IL 60522-9060
---	---



2. Principal Place of Business		3. Mailing Address	
. Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112006 Chg-P CR2E034 (11/05)

4. FEI Number 36-1516780		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EISENBARTH, GARY L			NAME			
STREET ADDRESS	2225 KINGS COURT			STREET ADDRESS			
CITY-ST-ZIP	GENEVA, IL			CITY-ST-ZIP			
TITLE	SVP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROUTSON, DIANE			NAME			
STREET ADDRESS	1819 WILMETTE CT.			STREET ADDRESS			
CITY-ST-ZIP	WHEATON, IL			CITY-ST-ZIP			
TITLE	VSC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOELZEL, JEFFERY K			NAME			
STREET ADDRESS	1200 JORIE BLVD.			STREET ADDRESS			
CITY-ST-ZIP	OAK BROOK, IL 605229060			CITY-ST-ZIP			
TITLE	SVPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAUGHN, GERI			NAME			
STREET ADDRESS	1200 JORIE BLVD.			STREET ADDRESS			
CITY-ST-ZIP	OAK BROOK, IL 605229060			CITY-ST-ZIP			
TITLE	SVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCALEER, CHARLES F III			NAME			
STREET ADDRESS	1200 JORIE BLVD.			STREET ADDRESS			
CITY-ST-ZIP	OAK BROOK, IL 605229060			CITY-ST-ZIP			
TITLE	VPT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CULKEEN, MARGARET M			NAME			
STREET ADDRESS	1200 JORIE BLVD.			STREET ADDRESS			
CITY-ST-ZIP	OAK BROOK, IL 605229060			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffery K. Hoelzel JEFFERY K HOELZEL 1/27/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #